

11696  
121903  
U.S. PTO

PTO/SB/05 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	2500DV2CN2DV3CN6
First Inventor	Peter M. Bonutti
Title	Fluid Operated Retractors
Express Mail Label No.	ET 710031063 US

## APPLICATION ELEMENTS

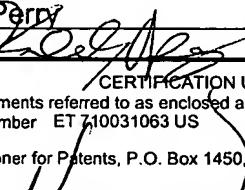
See MPEP chapter 600 concerning utility patent application contents.

- |  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i>                                      | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)   |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.  | 8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i>  |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <span style="border: 1px solid black; padding: 2px;">29</span> ]<br><i>(preferred arrangement set forth below)</i> | a. <input type="checkbox"/> Computer Reader Form (CRF)  |
| - Descriptive title of the invention   | b. Specification Sequence Listing on:   |
| - Cross Reference to Related Applications  | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or   |
| - Statement Regarding Fed sponsored R & D  | ii. <input type="checkbox"/> Paper  |
| - Reference to sequence listing, a table, or a computer program listing appendix   | c. <input type="checkbox"/> Statements verifying identity of above copies   |
| - Background of the Invention  |   |
| - Brief Summary of the Invention   |   |
| - Brief Description of the Drawings ( <i>if filed</i> )  |   |
| - Detailed Description   |   |
| - Claim(s)   |   |
| - Abstract of the Disclosure   |   |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <span style="border: 1px solid black; padding: 2px;">11</span> ]                                     | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| 5. Oath or Declaration [Total Sheets <span style="border: 1px solid black; padding: 2px;"> </span> ]   | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i>        |
| a. <input type="checkbox"/> Newly executed (original or copy)  | 11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )  |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i>                                  | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1499 <input type="checkbox"/> Copies of IDS Citations                 |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).       | 13. <input type="checkbox"/> Preliminary Amendment  |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>                        |
|  | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>                                |
|  | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
|  | 17. <input type="checkbox"/> Other:   |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation       Divisional       Continuation-in-part (CIP)      of prior application No.: 10/662,923Prior application information: Examiner Unknown Art Unit: Unknown  
For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<i>(Insert Customer No. or Attach bar code label here)</i>			OR	<input checked="" type="checkbox"/> Correspondence address below
Name	Kimberly V. Perry, Esq.				
Address	U.S. Surgical, A Division of Tyco Healthcare Group, LP				
	150 Glover Avenue				
City	Norwalk	State	Connecticut	Zip Code	06856
Country	US	Telephone	203-845-4562	Fax	203-845-4266
Name (Print/Type)	Kimberly V. Perry	Registration No. (Attorney/Agent)	43,612		
Signature			Date	12/19/03	

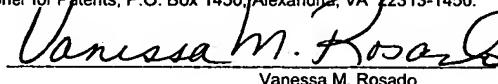
## CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number ET 710031063 US

addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated:

12/22/03



Vanessa M. Rosado

22141  
10/7/43125  
U.S.P.T.O.

121903

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

## Complete if Known

Application Number	To Be Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Peter M. Bonutti
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	2500 DIV II CON II DIV III CON VI

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number	21-0550
Deposit Account Name	United States Surgical

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

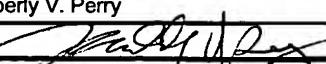
## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 740	2001 370	Utility filing fee	770.00
1002 330	2002 165	Design filing fee	
1003 510	2003 255	Plant filing fee	
1004 740	2004 370	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$ 770.00)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	10	Extra Claims Fee from below	Fee Paid
Independent Claims	1	-20** = 0 X 18.00 = 0	
Multiple Dependent		- 3** = 0 X 84.00 = 0	
SUBTOTAL (2) (\$ 0.00)			
*or number previously paid, if greater; For Reissues, see above			
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 0.00)			

## SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Kimberly V. Perry	Registration No. (Attorney/Agent)	43,612	Telephone	203-845-4562
Signature				Date	12/18/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Peter M. Bonutti

Examiner: To Be Assigned Group Art Unit: To Be Assigned

Serial No: To Be Assigned Filed: Concurrently Herewith

For: **FLUID OPERATED RETRACTORS**

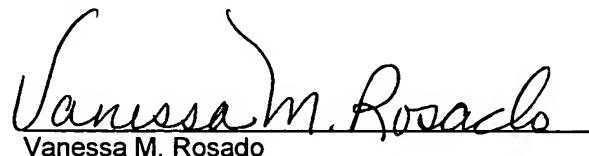
**CERTIFICATE OF EXPRESS MAILING**

"Express Mail" Mailing Label No.: ET 710031063 US  
Date of Deposit: Dec. 22, 2003

I hereby certify that the following:

- [x] This Certificate of Express Mailing
- [x] Utility Patent Application Transmittal
- [x] Fee Transmittal
- [x] A patent application consisting of 29 pages  
of abstract, specification and claims
- [x] 11 sheets of [x] formal [ ] informal drawings
- [x] Copy of executed Declaration from parent application
- [x] Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. box 1450, Alexandria, VA 22313-1450.



Vanessa M. Rosado

United States Surgical, a division of  
TYCO HEALTHCARE GROUP LP  
150 Glover Avenue  
Norwalk, CT 06856  
(203) 845-1172